

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

53 3010 178-62-014413

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 178

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Union	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN R. D. # 2 A	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hosp.		d. STREET ADDRESS (If outside, give location) R. R. D Wolf Lake, Ill	
3. NAME OF DECEASED (Type or print) First Middle Last Allen Aaron Brumitt		4. DATE OF DEATH Month Day Year April 19 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General	
11. BIRTHPLACE (City and state or country) New Burnside, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John W. Brumitt		13b. MOTHER'S MAIDEN NAME Margaret Belleau	
14. NAME OF HUSBAND OR WIFE Mamie Brumitt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Ramond Brumitt Address Wolf Lake, Ill	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease DUE TO (b) 6 months DUE TO (c) 4 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Hypertension	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-22-58 to Death and last saw her alive on 4-19-62		22. SIGNATURE (Doctor or title) Charles H. [Signature]	
22a. ADDRESS 1902 Broadway, Cape Gir.		22c. DATE SIGNED 4-20-62	
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 4/22/62	
23c. NAME OF CEMETERY OR CREMATORY Jonesboro		23d. LOCATION (City, town, or county) (State) Jonesboro, Ill.	
24. FUNERAL DIRECTOR Norris & Son ADDRESS Jonesboro, Ill		25. DATE RECD. BY LOCAL REG. April 20, 1962	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Earl Weiss, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl Weiss

Licensed Embalmer No. 6688

P. O. Address Jonesboro, Del

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.